

PAID BY

Encl # 1

SAPC 22910

COPY 1 OF 2

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				6,421.	02

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total \$ 6,421.02

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences

Date 12/20/57 *Payee

(Not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials)

Per

Title

Contract No.

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

†

(Authorized Certifying Officer)

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated , 19 , for \$ (on Treasurer of the United States in favor of payee named above.)
Cash, \$, on , 19 . Payee (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Title

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010029-4

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 1095
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 6/10 thru 12/1/57					
		Research & Development STATINTL					<u>Total</u>
Labor for Sheet # 2	the period 6/10/57 thru 12/1/57						
Other Costs - per sheet attached sheet # 2		1,164.89 <u>2,210.62</u>					
Total Labor and Other Costs							
G & A expense computed at interim rate of							
Total Costs		STATINTL				\$ <u>6,421.02</u>	

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010029-4

September 7, 1950

(Gen. Reg. No. 51, Supp. No. 11)

Services Other Than Personal

600010029-4
MEMORANDUM

CONTINUATION SHEET

U. S. _____ COST REIMBURSABLE _____
(Department _____)

(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 1095

U. S. GOVERNMENT PRINTING OFFICE		(Department, bureau, or establishment)					
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Labor					
		JV 067921		674.26			
		097060		65.57			
		107728		(7.24)			
		117060		86.57			
		117730		<u>(5,964.50)</u>			

THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES
 FORM 118
 BATCH INVOICE CHECK
 NO DATE CR MEMO NO
 38 08 23 7 1726 8287 1344 50 252700 12501 5047 10 1
 DATE 08/23/57

Sheet #1
 DISIR AMT

37.64
 37.64 *
 37.64 **
 37.64 ***

Continued

TICKET		INVOICE		CHECK		PAYEE NAME		TR		COST		DATE 09/15/57		DISR AMT	
NO	DATE	CR	MEMO	NO		VENDOR	NO	CODE	CNTR	ACCT	MJO	SO	W O		
14	09 13 7		5-1041	8414	1368			55	252900	12501	5047	10	2		70.00
14	09 13 7		9685	8416	1367			55	252900	12501	5047	10	2		70.00
															140.00 *

total

140.00 **
140.00 ***

Continued

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TICKET		PAYEE NAME		DATE		DIST. AMT		
BATCH	INVOICE	CHECK	OR	TR	COST	ACCT	DATE	
NO	CR	MEMO	NO	CODE	CNTR	MJO	SO	
13 10 11 7	9685	8507	1367	55	252900	12501	5047 10 2	77.25
13 10 11 7	5-1041	8508	1368	55	252900	12501	5047 10 2	70.00
								147.25 *
								147.25 **
								147.25 ***

Sheet #9

Continued

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010029-4

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TICKET			PAYEE NAME		
BATCH	INVOICE	CHECK	OR	TR	COST
NO DATE	CR MEMO	NO	VENDOR NO	CODE	CNTR
19 10 17 7	5-1041	8523	1368	55	252900
19 10 17 7	9685	8524	1367	55	252900
					12501
					5047
					10 2
					10 2
					70.00
					140.00 *
					140.00 **
					140.00 ***

Sheet #4

Continued

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TICKET		INVOICE		CHECK		PAYEE NAME		OR		TR		COST		ACCT		DATE 10/27/57		W G		DISTR AMT	
BATCH	CR MEMO	NO	VENDOR NO	CODE	CNTR	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	
028 10 25 7	9685	8548	1367	55	252900	12501	5047	10	2												
028 10 25 7	5-1041	8549	1368	55	252900	12501	5047	10	2												

140.00 **
140.00 *** ✓

Butt 45

Continued

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010029-4

DATE 11/10/57

BATCH	INVOICE	CHECK
NO. DATE	CR. MEMO	NO.

VENDOR NO	CODE	CNTR.	ACCT.	MJO	SO	W O	DISTR A/C
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TICKET

INVOICE CHECK

or

三

COST

10

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PAT

1110

DTSTN A&T

03.11.01.7	9685	8564	1367	55	252900	12501	5047	10	2	70.0
03.11.01.7	5-1041	8565	1368	55	252900	12501	5047	10	2	70.0
09.11.08.7	5-1041	8575	1368	55	252900	12501	5047	10	2	70.0
09.11.08.7	9685	8576	1367	55	252900	12501	5047	10	2	280.0

280.00 **

Sheet # 8

280.00 ***

242227

27/11/19

3

15

25

27

Actual

[Handwritten signature]

Continued

TICKET
BATCH INVOICE CHECK
NO DATE CR MEMO NO
PAYEE NAME
OR
VENDOR NO
TR
CODE
COST
CNTR
ACCT
MJO
DATE 11/17/57
SO
W O
DISTR AMT

14 11 15 7 5-1041 8591 1368 55 252900 12501 5047 10 2 70.00

14 11 15 7 9685 8590 1367 55 259900 12501 5047 10 2 70.00

140.00

140.00

Sheet #7

Continued

TICKET PAYEE NAME
 BATCH INVOICE CHECK TR COST CNTR ACCT MJO SO W O DATE 11/24/57
 NO. DATE CR MEMO NO. VENDOR NO. CODE DISTR AMT

25 11 22 7 5-1041 8610 1368 55 252900 12501 5047 10 2 70.00
 25 11 22 7 9685 8611 1367 55 252900 12501 5047 10 2 70.00
 140.00 *

140.00 *

140.00 *

Sheet #1

" 1 87.64

" 2 140.00

" 3 147.25

" 4 140.00

" 5 140.00

" 6 280.00

" 7 140.00

total \$1,164.89

Sheet #2